| Applicant           | Lowther       |                                 |
|---------------------|---------------|---------------------------------|
| Scrial No.          | 10/628,195    |                                 |
| Filing Date         | July 28, 2003 | FACSIMILE                       |
| Group Art Unit      | 2123          | TRANSMITTAL FORM (LARGE ENTITY) |
| Examiner Name       | Unknown       |                                 |
| Attorney Docket No. | 125.071US01   | (LAKOL EVIIII)                  |

TOTAL PAGES: 13 pgs. (including cover sheet)
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|                     |  |  | En           | closui                           | res             |         | •             |                  |             |
|---------------------|--|--|--------------|----------------------------------|-----------------|---------|---------------|------------------|-------------|
| The follo           | wing documents ar                              | e enclosed:                                      |              |                                  |                 |         |               |                  |             |
|                     | liminary Amendmer                              |  |              |                                  |                 |         |               |                  |             |
| X_Form              | PTO-2038 (Credit C                             | lard authorization                               | on form)     | for the                          | additional cl   | laims t | fces (1 pg.). |                  | ŀ           |
|                     | arge any fees or cr<br>DMER NUMBE              |  |              |                                  |                 | t No.   | 502432.       |                  |             |
|                     | · · · · · · · · · · · · · · · · · · ·          |  |              | Calcula                          |                 | ,       |               |                  |             |
|                     |  | Number of<br>Claims                              | Cla<br>Previ | ber of<br>ims<br>iously<br>I for | Extra<br>Claims |         | Fee           |                  | Fee Pald    |
|                     | Total Claims                                   | 47   | 40           | =                                | 7               | X       | \$ 50         | _ =              | \$ 350      |
|                     | dependent Claims                               | 7  | 4            |                                  | 3               | X       | \$ 200        | -                | \$ 600      |
|                     | ultiple Dependent  <br>Claims Presented        | •  |              |                                  |                 |         | \$ 360        | =                | \$0         |
|                     |  |  |              |                                  |                 |         |               | Total            | \$ 950      |
|                     |  |  | Sub          | mittec                           | l By            |         |               |                  |             |
| Name                | Scott V. Lu                                    | andberg Reg. No. 41,958 Telephone (612) 332-4720 |              |                                  |                 |         |               | 332-4720         |             |
| Signature           |  | Date   |              |                                  |                 | Date    | March 8, 2005 |                  |             |
|                     | s for Applicant<br>Associates, LLC<br>: 581339 |  |              |                                  | ø               | •       |               | •                |             |
| Minneap<br>T: 612-3 | olis, MN 55458-132                             | 9  |              |                                  |                 |         |               |                  |             |
| F: 612-3            |  | ·<br>  |              |                                  |                 |         |               |                  |             |
|                     |  | Cert   | ificate      | of Tra                           | ansmissior      | 1       |               |                  |             |
| I certify           | that this paper, and ile No. 703-872-93        | d the above-ide                                  | entified     | docun                            | nents, are be   | ing tr  | ansmitted b   | y facsi<br>March | mile to,    |
| Name                | Elizabeth A. Bauer                             |  |              | nature                           | Elip            | bt      | hA.Bo         | <u>س</u> رس      | -<br>-<br>- |

01 FC:1202

350.00 OP

02 FC:1201

600.00 OP

| Applicant(s)        | Lowther       |                  | RECEIVED CENTRAL FAX CENTER |
|---------------------|---------------|------------------|-----------------------------|
| Scrial No.          | 10/628,195    |                  | MAR 0.8 2005                |
| Filing Date         | July 28, 2003 | PRELIMINARY      | **                          |
| Group Art Unit      | 2123          | <u>AMENDMENT</u> |                             |
| Examiner Name       | Unknown       |                  |                             |
| Confirmation No.    | 6121          |                  |                             |
| Attorney Docket No. | 125.071US01   |                  |                             |
| Title: LINE MODEL   | ING TOOL      |                  |                             |

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Prior to initial review, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 11 of this paper.